

| <b>DELINEATION OF PRIVILEGES - PEDIATRICS</b><br>For use of this form, see AR 40-68, the proponent agency is OTSG<br>(DA Form 5440A-R Must be Completed and Attached to this Form)  |  |  | REQUESTED BY                         | DATE                         |
|---|--|--|--------------------------------------|------------------------------|
| PRIVILEGES  |  |  | RECOMMENDATIONS BY DEPT. /SVS. CHIEF |                              |
| <b>Assignment of clinical privileges will be based on education, training, and demonstrated competence. Pediatric clinical privileges are divided into four major categories. The category of privilege requested should be specified.</b>  |  |  | APPROVED WITHOUT LIMITATION          | APPROVED REQUIRES QUAL SUPRV |
| <b>Category I.</b><br><b>Emergency Care.</b> Supervision and care of routine term newborns and uncomplicated pediatric patients; i.e., illnesses, injuries, conditions or procedures which have low risk to the patient.<br>Non-specialists with little or no pediatrics residency training, but with reasonable experience in care of these conditions.                        |  |  |                                      |                              |
| PROCEDURES/SKILLS (Check Desired Privilege(s))  |  |  |                                      |                              |
| a. Venipuncture   |  |  |                                      |                              |
| b. Lumbar puncture  |  |  |                                      |                              |
| c. Urethral catheterization   |  |  |                                      |                              |
| d. Incision and drainage of abscess   |  |  |                                      |                              |
| e. Circumcision   |  |  |                                      |                              |
| f. Other (Specify)  |  |  |                                      |                              |
|   |  |  |                                      |                              |
| EXCEPTIONS (Recommended by Department Chief)  |  |  |                                      |                              |
|   |  |  |                                      |                              |
| <b>Category II.</b> Category I<br>Major illnesses, injuries, conditions or procedures but with no significant risk to life.<br>Significant training or experience in pediatrics, not necessarily board certified (e.g., undiagnosed anemia; status asthmaticus; routine pre-op post-op care of pediatric patients; lumbar puncture and arterial blood gasses, except newborns). |  |  |                                      |                              |
| PROCEDURES/SKILLS (Check Desired Privilege(s))  |  |  |                                      |                              |
| a. Subdural taps on infants with open fontanelle  |  |  |                                      |                              |
| b. Pleuracentesis   |  |  |                                      |                              |
| c. Peritoneal tap   |  |  |                                      |                              |
| d. Saphenous or antecubital vein cutdowns   |  |  |                                      |                              |
| e. Arterial puncture  |  |  |                                      |                              |
| f. Intubations  |  |  |                                      |                              |
| (1) Oro-tracheal  |  |  |                                      |                              |
| (2) Naso-tracheal intubation  |  |  |                                      |                              |
| (3) Suprapubic puncture   |  |  |                                      |                              |
| (4) Insertion of chest tube   |  |  |                                      |                              |
| g. Exchange transfusion   |  |  |                                      |                              |
| h. Sigmoidoscopy  |  |  |                                      |                              |
| i. Proctoscopy  |  |  |                                      |                              |
| j. Pre-oral biopsy  |  |  |                                      |                              |
| k. Skin biopsy  |  |  |                                      |                              |
| l. Umbilical artery catheterization   |  |  |                                      |                              |
| m. Umbilical vein catheterization   |  |  |                                      |                              |
| n. Other (Specify)  |  |  |                                      |                              |
| EXCEPTIONS (Recommended by Department Chief)  |  |  |                                      |                              |
|   |  |  |                                      |                              |
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| PRIVILEGES   |                                   | RECOMMENDATIONS BY DEPT. / SVS. CHIEF |                                       |  |                 |
|--|-----------------------------------|---------------------------------------|---------------------------------------|--|-----------------|
|  |                                   | APPROVED<br>WITHOUT<br>LIMITATION     | APPROVED<br>REQUIRES<br>QUAL<br>SUPRV | APPROVED<br>WITH<br>MODIFI-<br>CATIONS | NOT<br>APPROVED |
| <b>Category III. Categories I and II</b><br>Major illnesses, injuries, conditions, or procedures which carry substantial threat to life. Board certification in pediatrics* or other extensive training and experience in the care of these conditions ( <i>e.g., meningitis, drug overdose, erythroblastosis fetalis; neonatal resuscitation</i> ). *Completion of three-year residency training in pediatrics may be accepted in lieu of board certification for a period <b>not to exceed five years</b> following completion of training for accessions/appointments after 1982. |                                   |                                       |                                       |  |                 |
| <b>PROCEDURES/SKILLS (Check desired privilege(s))</b>  |                                   |                                       |                                       |  |                 |
|  | a. Lung puncture                  |                                       |                                       |  |                 |
|  | b. Cardioversion                  |                                       |                                       |  |                 |
|  | c. Pericardiocentesis             |                                       |                                       |  |                 |
|  | d. Bone marrow aspiration         |                                       |                                       |  |                 |
|  | e. Bone marrow biopsy             |                                       |                                       |  |                 |
|  | f. Administration of chemotherapy |                                       |                                       |  |                 |
|  | (1) Systematic chemotherapy       |                                       |                                       |  |                 |
|  | (2) Intrathecal chemotherapy      |                                       |                                       |  |                 |
|  | g. Endoscopy                      |                                       |                                       |  |                 |
|  | k. Intestinal biopsy              |                                       |                                       |  |                 |
|  | l. Other (Specify)                |                                       |                                       |  |                 |
|  |                                   |                                       |                                       |  |                 |
|  |                                   |                                       |                                       |  |                 |
| <b>EXCEPTIONS (Recommended by Department Chief)</b>  |                                   |                                       |                                       |  |                 |
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|  |                                   |                                       |                                       |  |                 |
| <b>Category IV. Categories I, II, and III</b><br>Unusually complex or critical illnesses, injuries, conditions or procedures which carry a serious threat to life.<br>Extensive relevant subspecialty training or experience beyond board certification in pediatrics ( <i>e.g., leukemia; respiratory failure; neonatal intensive care; renal dialysis</i> ).   |                                   |                                       |                                       |  |                 |
| <b>PROCEDURES/SKILLS (Check desired privilege(s))</b>  |                                   |                                       |                                       |  |                 |
|  | a. Bronchoscopy                   |                                       |                                       |  |                 |
|  | b. Pleural biopsy                 |                                       |                                       |  |                 |
|  | c. Lung biopsy, closed            |                                       |                                       |  |                 |
|  | d. Cardiac catheterization        |                                       |                                       |  |                 |
|  | e. Angiography                    |                                       |                                       |  |                 |
|  | f. Lymphangiography               |                                       |                                       |  |                 |
|  | g. Kidney biopsy                  |                                       |                                       |  |                 |
|  | k. Bone marrow transplantation    |                                       |                                       |  |                 |
|  | l. Other (Specify)                |                                       |                                       |  |                 |
|  |                                   |                                       |                                       |  |                 |
|  |                                   |                                       |                                       |  |                 |
| <b>EXCEPTIONS (Recommended by Department Chief)</b>  |                                   |                                       |                                       |  |                 |
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